

# Idaho QuitLine/Idaho QuitNet

## Order Form

**Please Fax this Form to:**

**Fax Number: 208-334-6573**

**Attn: Tobacco Prevention and Control Program  
Rachell Grounds  
QuitLine Coordinator**

Please send me the following information:

Brochure: \_\_\_\_\_ (number of copies)  
Wallet Card: \_\_\_\_\_ (number of copies)  
Floss Card \_\_\_\_\_ (number of copies)

Name: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**To download new Order Forms and Fax Referral Forms go to: [healthy.idaho.gov](http://healthy.idaho.gov)  
Click on Tobacco Cessation, then Idaho QuitLine**